

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS175AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED <b>6/30/09</b> <b>06/29/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>TOUCH OF LOVE 4</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>813 FAIRWAY DRIVE LAS VEGAS, NV 89107</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/30/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses Category I residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.  The following deficiencies were identified:	Y 000	<p><i>Accepted 7/20/09 JDB</i></p> <p><b>RECEIVED</b> <b>JUL 10 2009</b> BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>		
Y 885 SS=F	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of	Y 885			

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*delona wbaduoh*

TITLE *ADMINISTRATOR* (X6) DATE *7/10/09*

Y 885 ✓ JB 7/20/09

- a) All residents have the potential to be affected by the practice.
- b) After survey, the administrator prepared the necessary destruction log for the proper documentation(See attachment #1).The 62 bottles of prescription medications that are discontinued, expired and unclaimed after resident discharged were destroyed in an acceptable method of destruction.
- c) The administrator shall conduct an in- house training among caregivers on the proper manner of disposing discontinued or unused medications and its proper documentation.
- d) Administrator will be responsible and will regularly check for completeness and appropriateness of medication disposal and its documentation.
- e) Date of completion : 07/01/09

Y 898 ✓ JB 7/20/09

- a) Applicable to resident #1, #2, #3 and #4.
- b) After survey, the corrective actions were accomplished for those residents found or have been affected by the deficient practice.
- c) The administrator calls the attention of the caregiver/s and emphasizes the importance of charting the medication administration by initialing on the space provided immediately after medication administration.
- d) The administrator will monitor its corrective actions to ensure that the deficient practice being corrected and will not recur.
- e) Date of completion: 06 /30/09

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LAS VEGAS, NEVADA

Y 920 ✓ JB 7/20/09

- a) All residents have the potential to be affected by the practice.
- b) After the survey, the caregiver medications from the medicine cabinet in the bathroom were stored in a locked drawer inside his bedroom.
- c) The administrator directed the caregiver to store all medications in a locked area that is cool and dry. She also emphasizes the importance of this practice to protect the safety of every resident from accidentally taking medications not intended for them
- d) The administrator will be responsible to assure that the facility is in compliance with this regulation.
- e) Date of completion: 06/30/09

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